NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

PATIENT GROUP DIRECTION (PGD)

Supply/Administration of Hydrocortisone 1% cream or ointment for the treatment of mild skin conditions

Documentation details

Reference no:	CommPharm Hydrocortisone
Version no:	V1.3
Valid from:	December 2024
Review date:	December 2025
Expiry date:	December 2026

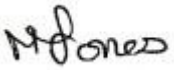
Change history

Version number	Change details	Date
1.0	Written by Helen Wilkinson, checked by Michelle Jones	Nov 2021
1.1	Written by BNSSG CCG, adapted for BSW CCG and checked by Marco Yeung and Paul Clarke	December 2021
1.2	Administrative update on organisation logo, email contact	December 2023
1.3	Reviewed, with minor typographical updates by Glynda Rendell	November 2024

Glossary

Abbreviation	Definition

1. PGD template development

Developed by:	Name	Signature	Date
Pharmacist	Helen Wilkinson, Principal Medicines Optimisation Pharmacist, BNSSG CCG		13.02.2020
Doctor	Dr Shaba Nabi, GP Prescribing lead, BNSSG CCG		13.02.2020
Registered Professional representing users of the PGD	Michelle Jones, Senior Medicines Optimisation Pharmacist, BNSSG CCG		10.02.2020

PGD Working Group Membership

Name	Designation
Helen Wilkinson	Pharmacist, BNSSG CCG
Michelle Jones	Pharmacist, BNSSG CCG
Elizabeth Jonas	Pharmacist, BNSSG CCG
Shaba Nabi	GP, Prescribing Lead BNSSG CCG
Richard Brown	Pharmacist, Avon Local Pharmaceutical Committee
Judith Poulton	Pharmacist, Avon Local Pharmaceutical Committee

2. Organisational authorisations *(may require amendment depending on how the service using the PGD is being commissioned/the organisation who is responsible for authorising the PGD – not all fields may be applicable)*

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Bath and North East Somerset, Swindon and Wiltshire ICB authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Community Pharmacies contracted to provide the BSW ICB Community Pharmacy PGD Service for Minor Ailments
Limitations to authorisation
None

Senior Doctor			
Role	**Name**	**Sign**	**Date**
Deputy Chief Medical Officer BSW ICB	Dr Barry Coakley		**03/12/24**

Senior Pharmacist			
Role	**Name**	**Sign**	**Date**
Community Pharmacy Clinical Lead, BSW ICB	Helen Wilkinson		**03/12/24**

Organisational approval (legal requirement)			
Role	**Name**	**Sign**	**Date**
Director (Medicines Optimisation), BSW ICB	Nadine Fox		**04/12/24**

Local enquiries regarding the use of this PGD may be directed to bswicb.prescribing@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD. Alternative authorisation sheets/templates may be used where appropriate in accordance with local policy.

3. Characteristics of staff

Qualifications and professional registration	Registered professional with one of the following bodies: • Pharmacists registered with the General Pharmaceutical Council (GPhC)
Initial training	• Must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it • Has undertaken appropriate training and been assessed/declared competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD • Must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • Must have access to the Patient Group Direction and associated online resources
Competency assessment	All pharmacists operating under this PGD are required to complete a Declaration of Competence via PharmOutcomes Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to mild inflammatory skin conditions, with evidence of appropriate Continued Professional Development (CPD). Pharmacists will be required to complete an annual Declaration of Competence via PharmOutcomes.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Mild inflammatory skin conditions
Criteria for inclusion Use BNF/BNFC/SPC. Take into account any clinical guidelines or policies that are available locally or nationally, e.g. BASHH/NICE/JCVI	Adults and children aged 10 years or over for use on the face (use on other areas should be purchased OTC) Children aged 1 to 9 years presenting with Acute dermatitis or mild eczema (including on the face) or Insect bite reactions
Criteria for exclusion	• Children under 1 year of age • Adults and children aged 10 years and over where licensed OTC treatments are available • Skin lesions caused by bacterial, fungal or viral skin infections e.g. cold sores, impetigo, chickenpox, acne, athletes foot or ringworm • Infected eczema (including cellulitis, weeping, rapidly worsening rash, fever) • Allergy to any component of the cream/ointment • Patients who have suffered any trauma to the area e.g. scratch, graze or bite (human or animal) • Patients who have already tried topical corticosteroid unsuccessfully • Application to the ano-genital region • Pregnancy
Cautions including any relevant action to be taken	As with all corticosteroids, prolonged application to the face is undesirable. There is no evidence against use in lactating women. However, caution should be exercised when Hydrocortisone cream / ointment is administered to nursing mothers. In this event, the product should not be applied to the chest area
Action to be taken if the patient is excluded	• Record reasons for exclusion and any action(s) taken • Advise patient on alternative treatment • Refer to a prescriber if appropriate (e.g. GP or NHS111/OOH services) • Give safety-netting advice
Action to be taken if the patient or carer declines treatment	• Document advice given and the decision reached • Advise patient on alternative treatment if appropriate • Refer to a prescriber if appropriate • Give safety-netting advice
Arrangements for referral for medical advice	Advise patient to refer to their GP practice, if symptoms persist or there is no improvement following completion of the treatment or if condition worsens.

5. Description of treatment

Name, strength & formulation of drug	Hydrocortisone 1% cream Hydrocortisone 1% ointment
Legal category	Hydrocortisone 1% cream and hydrocortisone 1 % ointment areprescription-only medicines (POM).
Route / method of administration	Topical application to affected areas
Indicate any off-label use(if relevant)	Not applicable
Dose and frequency of administration	Apply cream/ointment sparingly once or twice a day
Duration of treatment	Use for a maximum of 7 days
Quantity to be supplied	Supply 1 x15g tube increasing to 2 x15g if widespread on the body
Storage	Stock must be stored in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk Do not store above 25^{o}C
Drug interactions	None known The SPC is available from the electronic Medicines Compendiumwebsite: www.medicines.org.uk
Identification & management of adverse reactions	Topical hydrocortisone preparations are usually well tolerated, but if any signs of hypersensitivity occur, application should stop immediately. Striae may occur especially in intertriginous areas. There may be spreading and worsening of untreated infection and pigmentation changes or excessive hair growth. A detailed list of adverse reactions is available in the SPC, which isavailable from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the YellowCard reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medicalrecord (and inform the patient's GP) • Report via organisation incident policy.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	• Explain treatment, course of action and potential side-effects • The individual/carer should be advised to seek medical advice in the event of an adverse reaction. • Advise the patient/carer to read the manufacturer's patient information leaflet

	• Advise the patient/carer to apply and appropriate quantity of cream or ointment (fingertip units) thinly on the skin to cover the affected area • If any signs of hypersensitivity develop, application should stop immediately • Wash hands before and after using the cream / ointment • Do not cover the area with a dressing or plaster • Be careful to avoid getting the cream or ointment in the eyes • Advise patients on emollients if necessary (which the patient may purchase over the counter). Advise on continued long term emollient use where appropriate to decrease the need for future topical corticosteroids • All patient/carers must be given appropriate safety-netting advice – to consider the exclusion criteria, if no better after 7 days of treatment to seek medical advice
Records	Record: • that valid informed consent was given • name/signature of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name and brand of medication supplied/administered • date of supply/administration • dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • supplied via Patient Group Direction (PGD) • Referral arrangements (including self-care) • Label the pack being supplied appropriately ***Records should be signed and dated (or a password controlled e-record).*** ***All records should be clear, legible and contemporaneous.*** ***A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.***

6. Key references

Key references	• *Electronic Medicines Compendium* http://www.medicines.org.uk/ • *Electronic BNF* https://bnf.nice.org.uk/ • *NICE Medicines practice guideline "Patient Group Directions"* https://www.nice.org.uk/guidance/mpg2

7. Registered health professional authorisation sheet

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Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager (if applicable)

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of INSERT NAME OF ORGANISATION for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.